



# CTSI WHISTLEBLOWER FORM

WHISTLEBLOWER POLICY APPROVED BY  
RESOLUTION #2023-118

Date:

**WARNING:**

*If this form is printed, not all text in expanded fields will be visible.*

## SECTION 1: About the Whistleblower

Name:

Affiliation to CTSI:

Phone  
Number:

Email Address:

**I would like to remain anonymous.** *Whistleblowers making anonymous Disclosures will not receive any communication from the Responsible Official. Additionally, the protections of the Whistleblower Policy may not apply.*

## SECTION 2: Disclosure Type

Select a box that best fits your disclosure and briefly explain how it pertains to that section (multiple boxes can be selected if more than one allegation is being made):

**Illegal** (*e.g., violations of federal, state, or tribal laws including but not limited to theft, embezzlement, fraud, or health and safety violations*).

**Egregious Policy Violation** (*e.g., not afforded the opportunity to appeal a termination in accordance with the established policies and procedures*). Reference the policy or guidance that was violated.

**Seriously Unethical** (*e.g., engaging in transactions with the Organization that are not arm's length and/or not disclosed to Tribal Council that result in substantial personal gain*).

## SECTION 3: Disclosure Details

Answer the following questions using the drop-down boxes below (if your answer is not provided in the drop-down box, you may type your response):

What is your involvement?

Where did the issue occur?

Is this an ongoing issue?

Date of the most recent occurrence?

Who have you reported this issue to?

Who was involved? *(List the people involved in the issue other than yourself and how they were involved, including contact information and job titles if applicable).*

Provide all other specific details regarding the issue *(any additional information that would assist in the review and potential investigation of the disclosure, including date and approximate time of events).*

What is your desired outcome for making this Disclosure? *(your response may be taken into consideration when determining recommendations for Substantiated Disclosures.)*

*This form must be submitted to the CTSI Internal Audit Director, or a Tribal Council Member if the disclosure involves the Internal Audit Department. This form can be submitted by mail or email. If necessary, include all other documentation or additional explanation with this form.*

CTSI Internal Audit Director  
2120 NW 44th St., Suite E  
Lincoln City, OR 97367  
541-444-8355  
[Whistleblower@ctsi.nsn.us](mailto:Whistleblower@ctsi.nsn.us)

or  
Tribal Council contact information  
can be found at: [www.ctsi.nsn.us](http://www.ctsi.nsn.us)

WB#:

Received by  
Signature &  
Date: